

INDIVIDUAL COMPETENCY TASKING LIST

NEPHROLOGY/DIALYSIS, Walter Reed Army Medical Center, Washington, D.C. 20307-5001

Person's Name: _____ Rank/Grade: _____

Assigned Work Area: _____

Specialty Area: _____

Indicate (by checking either "YES" or "NO" in the columns below) whether the person named above is required to demonstrate competency on the tasking list below. When the competency test has been successfully achieved, enter the date and the initials of the Authorized Supervisor entering the result.

Competency Tasking List	YES	NO	Date Completed	Auth Init.

List approved by: _____ Date: _____